IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

SARAH ARONSON, M.D. Plaintiff, v. UNIVERSITY HOSPITALS OF CLEVELAND, INC. Defendant.	)	CASE NO. 1:10-cv-00372 Judge Christopher A. Boyko **AFFIDAVIT OF DAVID WALLACE, M.D. IN SUPPORT OF DEFENDANT UNIVERSITY HOSPITALS OF CLEVELAND, INC.'S MOTION FOR SUMMARY JUDGMENT**

STATE OF OHIO)
) SS.
COUNTY OF CUYAHOGA)

Comes now David Wallace, D.O., pursuant to 28 U.S.C. § 1746, and states as follows:

1. I am over the age of 21, and I am competent to testify to, and have personal knowledge of, the matters set forth in this declaration. I understand that this declaration is for use in connection with the above-captioned civil litigation, and I give it freely for that purpose.

2. I am employed by Defendant University Hospitals of Cleveland, Inc. ("UHC") as Staff Anesthesiologist, Vice Chair for Education in the Department of Anesthesiology and Perioperative Medicine, and Co-Director of the Residency Program for the Department of Anesthesiology.

3. Dr. Sarah Aronson came to UHC's Residency Program for the Department of Anesthesiology with impressive credentials: She had been an Assistant Professor of Psychiatry at the Case School of Medicine since September, 2001. She reported that she had been a Fellow in Clinical Neuroscience and Psychopharmacology at Yale University, was certified by the American Board of Family Medicine and the American Board of Psychiatry and Neurology, and had over a decade of medical practice. She had recently been awarded a $200,000 grant to

conduct a two-year study in the Case Medical Center's Cardiothoracic Surgery and Cardiothoracic Anesthesia departments.

4. In August, 2006, I and Dr. Howard Nearman, who is the Chair of UHC's Department of Anesthesiology and Perioperative Medicine, began working with Dr. Aronson on a petition to the American Board of Anesthesiology ("ABA") to approve a training curriculum project that Dr. Nearman and I had developed in collaboration with Dr. Aronson, to design a "clinical scientist curriculum." Dr. Nearman and I also wanted to have Dr. Aronson awarded residency credit in recognition of her previous and ongoing neuroprotection research. (A copy of a draft letter prepared for my signature, on behalf of Dr. Aronson, dated August 24, 2006, is attached hereto as Exhibit HH; a copy of a letter prepared for my signature, on behalf of Dr. Aronson, dated October 24, 2006, is attached hereto as Exhibit II). The petition was submitted to the ABA on January 16, 2007, but it was denied.

5. On November 25, 2008, I informed UHC's Employee Assistance Program ("EAP") of certain concerns I had about Dr. Aronson's performance. (A copy of an email I sent to the Jill Fulton-Royer of UHC's EAP regarding Dr. Aronson, dated November 25, 2008, is attached hereto as Exhibit SS). Dr. Aronson was subsequently placed on paid leave to obtain a fitness-for-duty examination, and the EAP initiated its assessment process the same day.

6. The EAP released Dr. Aronson to return to duty on December 15, 2008, and she returned to work on her next scheduled work day, December 18. (A copy of Dr. Aronson's December, 2008 work schedule is attached hereto as Exhibit TT).

7. During the extension of Dr. Aronson's residency between March-August, 2009, Dr. Aronson did not schedule herself to work in the ICU prior to or in June, leaving the Residency Program no alternative but to schedule her ICU rotation in August.

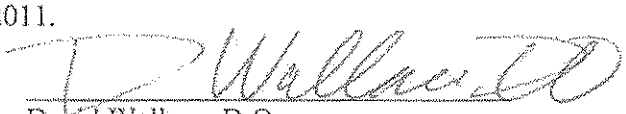
8. Dr. Aronson's performance during her extension was mixed. Some attending physicians evaluated her positively, but Dr. Aronson received several strongly-worded negative assessments for her work in May, 2009, and these assessments and other reports, and other observation that I had, led me to conclude that she was not qualified to graduate from our program. (A copy of UHC's "Resident Comments," Date Range 10/14/2008-06/04/2009 is attached hereto as Exhibit AAA; a copy of an email from Dr. Kathleen Cho to me, dated May 8, 2009, is attached hereto as Exhibit BBB).

9. Attached as Exhibit DDD is a true and accurate copy of the October 2008 schedule that I prepared for Dr. Aronson and other residents. On all days in which the symbol "ARO" appears, Dr. Aronson was assigned to be on call that day, from 7 a.m. to 7 a.m. the next morning. On any day on which a resident's 24-hour call assignment ended, he/she was expected to remain for up to an additional 6 hours for transitional duty, but then would have the rest of the day off. No resident was ever assigned to be on call any less than 3 days after the resident's immediately prior on-call day. The only other time a resident was assigned to work, beyond the on-call day and the follow-up 6 hours, was on any weekday that was not an on-call day or the day after an on-call day, and any such assignment was for 10 hours. Dr. Aronson's October, 2008 assignments totaled 336 hours, or 75.9 hours on average per week, which was below the ACGME 80 hour limitation. I was never informed by her or anyone else that she had worked any hours beyond those assigned to her.

FURTHER AFFIANT SAYETH NAUGHT

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 21st day of January, 2011.



David Wallace, D.O.

Date: August 24, 2006

To Whom It May Concern:

We are writing this letter of behalf of Sarah Aronson, M.D. who is an anesthesiology resident at Case University Medical Center, Department of Anesthesiology and Perioperative Medicine. We would like to request the approval of the Credentials Committee for the training curriculum that we have developed in collaboration with Dr. Aronson.

Dr. Aronson comes to us with an extensive background (training and experience) in a number of specialties including psychiatry, family medicine (with OB), and research in neuropsychiatric syndromes in medically ill patients. In the past four years as a member of our medical staff, Dr. Aronson focused on creating a collaborative and consulting relationship with the Ireland Cancer Center and University Hospitals transplant services. Dr. Aronson's interest and experience in pain management grew out of this multidisciplinary work, and also helped her to formulate her current research endeavors in neuroprotection during on-pump cardiac surgery. Dr. Aronson has been awarded a $200,000 grant to conduct a 2 year study in our Cardiothoracic Surgery and Cardiothoracic Anesthesia departments (see attached). This study is a wonderful addition to our anesthesiology residency program and should prove to be an excellent investigative opportunity for Dr. Aronson. Dr. Aronson's initiative, drive, and commitment to learning are an inspiration to others in our program.

Dr. Aronson started our program in March 2006. During the past 6 months, she has brought another neuroimmunology study, Depression and Radiation Therapy for Prostate Cancer, to conclusion. She is currently preparing this work for dissemination. While that study is wrapping up, Dr. Aronson is working independently and diligently to prepare her neuroprotection study for IRB approval. Although these studies were begun before starting the Anesthesiology Residency, Dr. Aronson has continued to do this research while progressing rapidly in the residency training program.

Given Dr. Aronson's level of involvement in research and her rich medical background and experience, we would like to work with Dr. Aronson to design a clinical scientist curriculum. Our purpose is threefold. First, to emphasize the comprehensive core curriculum in anesthesiology by providing progressively more complex training experiences and care for the most seriously ill patients. Second, we would like to award six months of credit for her previous and current neuroprotection research toward the completion of the Anesthesiology program requirements. Finally, we would like to request that credit be given four months of anesthesiology electives to acknowledge her past training/experience in a number of arenas to include: Fellow in Clinical Neuroscience and Psychopharmacology at Yale University, Certification by the American Board of Family Medicine and the American Board of Psychiatry and Neurology, over a decade of medical practice, and teaching medical students and residents as a faculty member since 1995 (see attached).

This proposed program of study would allow Dr. Aronson to graduate in July 2008 with the CA-1 group with whom she started in March 2006. We are lucky to have such an exemplary resident in our program. We look forward to helping Dr. Aronson succeed in our program and anticipate her contributions to the field of Anesthesiology both in practice and in research.

We look forward to your response and appreciate your consideration in this matter.

Sincerely,

Howard Nearman, M.D.
Chairman

David Wallace, D.O.
Program Director

EXHIBIT HH

Date: October 24, 2006

To Dr. and the Credentials Committee:

We are writing this letter of behalf of Sarah Aronson, M.D. who is an anesthesiology resident at University Hospitals Case Medical Center, Department of Anesthesiology and Perioperative Medicine. We would like to request the review of the Credentials Committee for a proposed training curriculum that we have developed in collaboration with Dr. Aronson.

Dr. Aronson has been awarded a $200,000 grant to conduct a 2 year study in our Cardiothoracic Surgery and Cardiothoracic Anesthesia departments (see attached). This study is a wonderful addition to our anesthesiology residency program and should prove to be an excellent investigative and training opportunity for Dr. Aronson. Dr. Aronson submitted this grant proposal and was notified of its preliminary approval in the summer of 2005. In the fall of 2005, Dr. Aronson contacted our residency to request admission. Dr. Aronson was informed that the residency would accept her into the program; however, an official start date for clinical rotations was to be determined. At first the clinical rotations were to begin in January 2006, however, due to scheduling concerns, the start date was moved to March 2006. With this in mind, Dr. Aronson immediately began to lay the groundwork for the protocol in our department knowing that the clinical rotations were to start in March and would be taking most of her time.

The usual Research Track curriculum would allow a resident 6 months of research, typically in the CA-3 year. We propose in this case to award Dr. Aronson credit toward the completion of the Anesthesiology program requirements for her previous and ongoing

EXHIBIT II

research work. Our rationale is as follows: since her acceptance to the program in the fall of 2005, Dr. Aronson has worked actively within our department engaged in research work and collaboration with our faculty, without which the project could not now proceed over its projected two-year accrual.

This study, "Memantine pre-medication for the prevention of encephalopathy following cardiopulmonary bypass", is a randomized placebo-controlled clinical trial in an active area of anesthesiology research, investigating a practical method of NMDA receptor modulation for perioperative neuroprotection. It is not a study that can be carried out in a terminal 6-month block, as could a laboratory-based project. The curriculum proposed for Dr. Aronson deviates from the standard in that we are seeking credit for research time prior to completion of at least 6 months of clinical anesthesia training. This structure, however, allows Dr. Aronson to proceed through 30 months of basic and advanced clinical anesthesia training having completed the most time intensive start-up phase of the research, and still receive credit for the important work that she has done.

In specific, the proposed 6 months of research credit is based on the following: over the past 13 months Dr. Aronson has completed work, detailed below, related to the execution of this project. Her percent-time effort has ranged from 80%, to 5-10% when her clinical rotations began in March of 2006.

1. She has presented the study and gained the approval and collaboration of the Department of Cardiothoracic Surgery.
2. She sought out and established early on an advisee relationship with Dr. Michelle Capdeville, who is the supervising faculty for this research work. Dr. Capdeville is our chief of Cardiothoracic Anesthesia, with considerable clinical research

experience in her field, including cardiothoracic neuroprotection. (See attached letter.)

3. During this time, Dr. Aronson also continued to review the literature to refine the protocol.
4. Based on her review of published data regarding the pharmacokinetics of the study medication, she developed and submitted an accelerated dosing protocol to the FDA that was granted an IND exemption. (See attached letter)
5. She developed a consent form, HIPPA release, and a protocol for IRB submission and approval. (See attached.)
6. Dr. Aronson has consulted with several important colleagues regarding the study; a psychologist and neuropsychologist regarding outcome measures, biostatisticians regarding statistical methods, and a senior researcher in the department regarding data, safety, and protocol review procedures.
7. She has worked directly with the UH Research Institute Office of Grants and Contracts to set up and approve a budget, contract, and account for her grant funding,
8. She has established a protocol with the UHCMC research pharmacy for blinded medication dispensing, subject randomization, and periodic subject safety reviews.
9. Dr. Aronson worked with the UH-based General Clinical Research Center (GCRC), an NIH-funded entity, to develop a high performance liquid chromatography (HPLC) assay to measure serum levels for the study medication.

Dr. Aronson comes to us with an extensive training and experience in a number of areas including psychiatry, family medicine (with OB), and clinical research. She has been an Assistant Professor of the Case School of Medicine since September of 200[illegible]; over four

years as a member of the UHCMC medical staff, Dr. Aronson focused on creating a collaborative and consulting relationship with the Ireland Cancer Center and UHCMC solid organ and bone marrow transplant services. Dr. Aronson's interest and experience in neuropsychiatric syndromes in medically ill patients grew out of this multidisciplinary work, and helped her to formulate her current research endeavors in neuroprotection during on-pump cardiac surgery.

We are lucky to have such an exemplary resident in our program. We look forward to working with Dr. Aronson to help her meet and exceed our standards for clinical and academic performance, and anticipate her contributions to the field of Anesthesiology both in practice and in research.

We await your response and appreciate your consideration in this matter. We will be happy to provide you with any additional information, discussion, or supporting documentation you might require in order to review this proposal.

Sincerely,

Howard Nearman, M.D.
Chairman
Department of Anesthesiology and Perioperative Medicine

David Wallace, D.O.
Co-Director Residency Program

Matthew Norcia, M.D.
Co-Director Residency Program

Wallace, David

From: Wallace, David
Sent: Tuesday, November 25, 2008 10:15 AM
To: Fulton-Royer, Jill
Subject: RE: hr-85.pdf

Jill,

Yesterday, Dr. Norcia and I met with Dr. Aronson and I asked her if she was on any psychotropic medication that might impair her performance because she has not made her 'Program Director' aware of any and she is required to do so. She had a difficult time answering this question and finally admitted that she may be on some medication (that she thinks she has been on for at least 3 years) that may or may not impair her performance.

It has been difficult to determine if Dr. Aronson has a problem with cognitive processing, communicating her thoughts, and/or responding appropriately to information and circumstances around her. She has a hard time to explain her inability to respond appropriately, and this delayed type response occurs both in clinical and not clinical situations. Making decisions and responding to a changing environment and situations is necessary for the practice on anesthesia and critical care. Her response mode during critical or emergency situations is difficult to contrast to her response to a routine situation. She appears not to have a sense of urgency, ever.

From: Fulton-Royer, Jill
Sent: Tue 11/25/2008 8:43 AM
To: Wallace, David
Subject: hr-85.pdf

EXHIBIT SS

Wallace, David

From: Wallace, David
Sent: Tuesday, November 25, 2008 10:15 AM
To: Fulton-Royer, Jill
Subject: RE: hr-85.pdf

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Yesterday, Dr. Norcia and I met with Dr. Aronson and I asked her if she was on any psychotropic medication that might impair her performance because she has not made her 'Program Director' aware of any and she is required to do so. She had a difficult time answering this question and finally admitted that she may be on some medication (that she thinks she has been on for at least 3 years) that may or may not impair her performance.

It has been difficult to determine if Dr. Aronson has a problem with cognitive processing, communicating her thoughts, and/or responding appropriately to information and circumstances around her. She has a hard time to explain her inability to respond appropriately, and this delayed type response occurs both in clinical and not clinical situations. Making decisions and responding to a changing environment and situations is necessary for the practice on anesthesia and critical care. Her response mode during critical or emergency situations is difficult to contrast to her response to a routine situation. She appears not to have a sense of urgency, ever.

From: Fulton-Royer, Jill
Sent: Tue 11/25/2008 8:43 AM
To: Wallace, David
Subject: hr-85.pdf

EXHIBIT SS

Resident Comments
All Evaluations

University Hospitals Health System
University Hospitals of Cleveland
Department of Anesthesiology

UHC - Department of Anesthesiology

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Report Date Range: 10/14/2008 - 06/04/2009

Report Date/Time: 6/4/2009 10:07:14 AM

Comments

Aronson, Sarah (PGY - 3)
Gerald Jonsyn, Anesthesiology - General (Rotation: Anesthesia): Dr Sarah Aronson clinical preformance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknessess and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She achknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat this school year or transfer to another progran or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt. **Additional Comments:** **Explanation for a score of 2 out of 5 for the Patient Care:** *No comments provided* **Explanation for a score of 2 out of 5 for the Patient Care:** *No comments provided* **Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement:** *No comments provided* **Resident Acknowledgement:** no comment. I acknowledge receipt of this evaluation. **Evaluator Acknowledgement:** Comments Not Available **Confidential Comments:** Comments visible to program director only **Program Director Comments:** Comments Not Available
Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Dr. Aronson performed several nerve blocks with me while she was on the Acute Pain service. She was interested in learning and doing, and was improving her technique. My main criticism is that the procedures seemed to take her longer than many of the other residents; however, she made up for this by diligently spending ample time when necessary to complete the blocks, even after hours. I do not recall any block failures; i.e. her blocks worked. Her performance with me on this service was safe and professional. **Resident Acknowledgement:** Thank you for your comments. I acknowledge receipt of this evaluation. **Evaluator Acknowledgement:** Comments Not Available **Confidential Comments:** Comments visible to program director only **Program Director Comments:** Comments Not Available
Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Dr. Aronson performed several nerve blocks with me while she was on the Acute Pain service. She was interested in learning and doing, and was improving her technique. My main criticism is that the procedures seemed to take her longer than many of the other residents; however, she made up for this by diligently spending ample time when necessary to complete the blocks, even after hours. I do not recall any block failures; i.e. her blocks worked. Her performance with me on this service was safe and professional. **Resident Acknowledgement:** Thank you very much - SCA. I acknowledge receipt of this evaluation. **Evaluator Acknowledgement:** Comments Not Available **Confidential Comments:** Comments visible to program director only **Program Director Comments:** Comments Not Available
Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Strong performance on a busy block rotation. **Resident Acknowledgement:** thank you very much. I acknowledge receipt of this evaluation. **Evaluator Acknowledgement:** Comments Not Available **Program Director Comments:** Comments Not Available
Adam Haas, Anesthesiology - General (Rotation: Anesthesia): refer to previous note **Resident Acknowledgement:** thank you!. I acknowledge receipt of this evaluation. **Evaluator Acknowledgement:** Comments Not Available **Program Director Comments:** Comments Not Available
Subhalakshmi Sivashankaran, Anesthesiology - General (Rotation: Anesthesia): good to work with. **Resident Acknowledgement:** Thanks very much, I always learn something new working with you. I appreciate your confidence. I acknowledge receipt of this evaluation. **Evaluator Acknowledgement:** Comments Not Available

EXHIBIT AAA

Program Director Comments: Comments Not Available

Michael Altose, Anesthesiology - General (Rotation: Anesthesia): Good job keeping up with a difficult case. Good management of blood loss / resuscitation, hypotension of unclear etiology, and puzzling pulmonary findings.
Resident Acknowledgement: thanks, always enjoy working with you. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Mark Zahniser, Anesthesiology - General (Rotation: Anesthesia): Overall everything went OK the last 2 days in the OR. Sarah seemed to be able to keep up, however, she is slower than expected at this level. Technically she is also not up to where she needs to be. She had trouble with arterial lines and did not seem to understand the equipment used to put them in.

Additional Comments:
Explanation for a score of 2 out of 5 for the Patient Care: Please see comments below.

Resident Acknowledgement: Thank you for your comments. I did have difficulty with one a-line. I have a full understanding of the equipment involved. I would appreciate specific feedback regarding speed, however, as it's not clear what your concern is. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Mark Zahniser, Anesthesiology - General (Rotation: Anesthesia): No comments.
Resident Acknowledgement: thank you -. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Good job. No deficiencies identified. Suggest: continued reading.
Resident Acknowledgement: Thanks very much -. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Appropriate care rendered. Needs to work at a somewhat faster pace. But, otherwise no problems noted. Suggest: further reading.
Resident Acknowledgement: Thank you. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Peter Adamek, Anesthesiology - General (Rotation: Anesthesia): good job
Resident Acknowledgement: Thanks very much. I learned a lot. Miss working with you more regularly. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Excellent knowledge base. Satisfactory clinical skills to begin attending anesthesia practice.
Resident Acknowledgement: Comments Not Available
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Progressing at satisfactory rate. Ready for independent practice.
Resident Acknowledgement: Comments Not Available
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

David Rapkin, Anesthesiology - General (Rotation: Anesthesia): Excellent job with the intubation and a-line, and with the management of the case.
Resident Acknowledgement: thanks very much, I appreciate your confidence. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Satisfactory skills and excellent knowledge base.
Resident Acknowledgement: Comments Not Available
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Kasia Rubin, Anesthesiology - General (Rotation: Anesthesia): Please see confidential comments. These have been

brought up with the resident on the day of occurence and behavior has been reviewed.

Additional Comments:
Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.
Explanation for a score of 2 out of 5 for the Medical Knowledge: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.
Explanation for a score of 1 out of 5 for the Medical Knowledge: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.
Explanation for a score of 2 out of 5 for the Medical Knowledge: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.
Explanation for a score of 1 out of 5 for the Patient Care: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.
Explanation for a score of 1 out of 5 for the Patient Care: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.
Explanation for a score of 1 out of 5 for the Professionalism: Please see confidential comments. These have been brought up with the resident on the day of occurence and behavior has been reviewed.

Resident Acknowledgement: We clearly did not have a good working relationship on this day, and we had some differences of opinion on how to manage the patient's anesthetic. I would disagree with such a broad and extreme denigration of my clinical and professional ability. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Confidential Comments: Comments visible to program director only
Program Director Comments: Comments Not Available

Matthew D. Kellems, Anesthesiology - General (Rotation: Anesthesia): nothing to add
Resident Acknowledgement: thanks - enjoy working with you. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Susan Dumas, Anesthesiology - General (Rotation: Anesthesia): did ok technique still slow and at times unsure
Resident Acknowledgement: I did not feel unsure at any point, would apreciate feedback at the time if that's your impression. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Adam Haas, Anesthesiology - General (Rotation: Anesthesia): fine job
Resident Acknowledgement: thanks very much always appreciate working with you. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Paul Tripi, Anesthesiology - General (Rotation: Anesthesia): I listed no interaction for several categories because this was a very busy day and Sarah only did one or two cases with me. She managed these case appropriately and without difficulty. She was also bumped around the O.R., and accepted these additonal assignments without complaint.
Resident Acknowledgement: thank you, I always appreciate working with you. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Anjali Adur, Anesthesiology - General (Rotation: Anesthesia): Sarah has improved significantly .She was able to turn over the room efficiently and was clinically good. her IV skills and intubations were apprpriate for her level. she accepted added cases without any fuss and is always willing to work. she did a good job of giving report to pacu staff and was thorough in her charting.
Resident Acknowledgement: thank you - I appreciate working with you. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Matthew D. Kellems, Anesthesiology - General (Rotation: Anesthesia): Sarah conducted both cardiac cases well today. She was very efficient with line placement, and worked well as an intraoperative team member. She also made the very important suggestion of performing epicardial echocardiography in a patient in which TEE was contraindicated. Much improved from previous interaction.
Resident Acknowledgement: thanks, appreciate it. I acknowledge receipt of this evaluation.
Evaluator Acknowledgement: Comments Not Available
Program Director Comments: Comments Not Available

Lisa Hacker, Anesthesiology - General (Rotation: Anesthesia): I was shocked for her level of traing that she did not take the time to familiarize herself with the procedure she was providing the anesthesia for, nor did she understand the implications of the procedure regarding her vascular access and pain control. Also once we discussed the plan she failed to implement it

which to me shows her inability to communicate effectively with the surgeons, her lack of understanding of the severity of possibility of bleeding and complications by not protecting the patient and obtaining vascular access, and her lack of taking any sort of responsibility.

Additional Comments:
Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: We had major issues with communication. She still isn't able to communicate a concise, patient appropriate anesthetic plan. Also, one of our major issues, the fact that she didn't obtain adequate vascular access was because she failed to communicate with the surgical service.
Explanation for a score of 1 out of 5 for the Interpersonal and Communication Skills: "Not moving fast enough" which I would agree that she needs to be much more effecient to be effective, is not an acceptable reason to not provide a patient with appropriate vascular access. She needed to let the surgical service know she needed more time, and if that was a problem she should have called me. Also, because of the nature of the case, she should have communicated with the surgical service the night before to see if they anticipated the need for a thoracic epidural. This take additional time and prep in the morning that should be addressed before 7AM
Explanation for a score of 2 out of 5 for the Medical Knowledge: Although I think you can use most induction drugs for any patient, depending on the dose, her justification for choosing etomidate was a history of CAD even though the patient had no history of HF and EF was >/_50%. I think other drugs would be a much better choice.
Explanation for a score of 1 out of 5 for the Medical Knowledge: I can't think of anyone who would think it was reasonable to do a liver biopsy, possible resection, and tri incisional esophagectomy with just an 18G FIV. The fact that the patient has liver disease puts her at risk for possible cirrhosis and varices and an increased risk for bleeding from them as well as possible coagulopathy. Not to mention the longer procedure to follow.
Explanation for a score of 1 out of 5 for the Medical Knowledge: See above. In addition, this is a patient who was probably a smoker, who is may have an open thoracotomy so we may be dealing with lung disease and splinting post op. When I tried to steer her in the direction of how these things may change our anesthetic plan she never realized that we may need to change our way of treating post operative pain.
Explanation for a score of 1 out of 5 for the Medical Knowledge: as above
Explanation for a score of 1 out of 5 for the Patient Care: As above
Explanation for a score of 1 out of 5 for the Patient Care: If you looke at the OR in time to surgical incision time she had adequate time to intubate and place lines. This didn't happen.
Explanation for a score of 1 out of 5 for the Patient Care: She did not seem to be concerned that we didn't have adequate access. When I asked why the central line wasn't placed she said "I guess I wasn't fast enough" Not acceptable!
Explanation for a score of 1 out of 5 for the Professionalism: Detailed at length above

Resident Acknowledgement: Comments Not Available
Evaluator Acknowledgement: Comments Not Available
Confidential Comments: Comments visible to program director only
Program Director Comments: Comments Not Available

Optional Confidential Comments

Aronson, Sarah (PGY - 3)
Gerald Jonsyn, Anesthesiology - General: Dr Sarah Aronson clinical preformance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknessess and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She achknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat this school year or transfer to another progran or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt.
Carl Forrest, Anesthesiology - General: See comments above. Regarding Dr. Aronson, there were no huge deficiencies noted while she was on the Acute Pain service; she just needed to move faster.
Carl Forrest, Anesthesiology - General: See comments above. Regarding Dr. Aronson, there were no huge deficiencies noted while she was on the Acute Pain service; she just needed to move faster.
Kasia Rubin, Anesthesiology - General: 1. I was working with Dr.Aronson on a neurosurgical case. I be leve it was a Chiari I decompression on a morbidly obese teenager. I told Dr.Aronson that we would try for an a-line once, but if it didn't seem to go easily, it was certainly not necessary. We were unable to obtain an arterial line, and aborted the procedure. The patient was then positioned prone, with her head in tongs, with much difficulty. The case progressed appropriately, and then two issues occurred. I left for about an hour to 90 minutes to take care of my other room, which had multiple cases, and faster turnover. I returned and found that Dr.Aronson had placed an arterial line without consulting me, and worse, had been recording inaccurate blood pressures of 85/75 off a line with a nearly non-existant wave-form. It never occurred to her tat not only were these completely inaccurate pressures, but that she shouldn't be documenting them in the chart. It took a good 5 minutes of even explaining why this was a problem before she comprehended the idea. We fixed the problem by recording

NIBP measurements. I left, and returned after about 20 - 30 minutes. At this point, the patient was on less than 1MAC of anesthetic (0.5% Sevo with 100mcg/kg/min Propofol - strange combination, not my idea, but...) I asked Dr.Aronson if the patient was paralyzed. She said yes. I asked how she could tell. She said, well, the patient had been paralyzed at the start of the case, but she hadn't redosed since. So. This was then an obese patient, in tongs, on very little anesthetic, and not paralyzed, with a case that was nowhere near closing. I adjusted the vaporizers and instructed Dr.Aronson to call me before giving any medications or making any adjustments. 2. The other case during which I had specific interaction with Dr.Aronson was one that I took over from a colleague, Dr.Berkelheimer. Sign out from Dr.Aronson informed me that they were "running the patient dry." This was a 60kg male, and they were in their 7th hour of surgery. This patient had received at this point 4L of LR, 2 hespan, a unit of blood, and 250 of Albumin. I had a case next door that I was also "running on the dry side." That patient at the same time point, with similar blood loss, had received less than 2L of LR. It was no wonder that the Hct was low, and we needed to give Lasix to draw out the excess fluid, after Dr.Aronson was relieved. She did not understand the situation, and it was far too difficult to even explain it to her.
Lisa Hacker, Anesthesiology - General: I would not feel comfortable with her providing anesthesia without direction.

Wallace, David

From: Cho, Kathleen
ent: Friday, May 08, 2009 10:41 AM
To: Wallace, David; Norcia, Matthew
Subject: Aronson

Hi.

As I did not receive an evaulation form for Sarah Aronson, I am going to write my comments on the past 2 days of working with her in the thoracic room in this letter.
I worked with Sarah in the thoracic room on 5/6/09 and 5/7/09. We did an assortment of cases, big and small.
My impressions are as follows:
1. Sarah is not at the level of independence one would expect from a CA3 resident. She does not seems focused in the OR (not pressure bandaging an a-line attempt gone south therefore causing a huge hematoma in the wrist, giving hydralazine to a patient to ower BP when the isoflurane was on 0.5%).
2. Sarah does not instill confidence to the surgeons the way a CA3 resident should. Both Dr. Linden & Dr. Robke called me into the oom for the most minor of problems b/c it could not be handled by Sarah (I do not get called by them often and usually it's for CA2 esidents). She was unable to trouble-shoot low EtCO2 and unable to trouble shoot poor lung separation with the double lumen ETT.
3. Sarah seems to be moving at her own slow speed whether it be to set up a room, diagnose a problem with the patient - whatever. that she should be taking initiative to start a lines, start IVs -- I felt that I was directing as if I were with a junior resident. It's difficult for me to describe but her head seems to be elsewhere.
4. As far as clinical skills is concerned (IVs, alines, intubations), I would rate her perfomance as a 5 out of 10. Has trouble with a ines, had trouble keeping off the teeth on an easy intubation.

do feel that Sarah reads and that she is interested in anesthesia. Her reading just doesn't connect to how she performs in the OR, ow she manages patients and how she uses her hands.
Another positive - Sarah worked hard and did not complain despite many cases & little time for breaks.

anks for your time.
Cathy Cho

6/4/09

Hi Kathy –
I just rec'd this today – I was wondering if you had any other feedback for me since you wrote this @ the beginning of the month. Thanks, Sarah

2009

EXHIBIT BBB

KEY:
SICU / CTICU

Resident SICU/CTICU OCT

2008

Fellow:
Soozan Abouhassan
Pager # 35559

SICU
Sara Aronson (ARO)
Pager # 31262

George Williams (WIL)
Pager # 33280

Aman Upadhyay (UPA)
Pager # 37774

Mike Yerukhim (YER)
Pager # 35623

CTICU

Shayla Gaither (GAI)
Pager # 30167

Dana Doll (DOL)
Pager # 36694

Aaron Rund (RUN)
Pager# 37992

Additional Coverage

Matt Kellems (KEL)
Pager #35704

*please make note Nov 1st and 2nd are included on this schedule

Sunday	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
NOV 2 WIL / KEL			1 ARO	2 UPA / DOL	3 WIL / RUN	4 YER / GAI
5 ARO	6 UPA / DOL	7 WILL / RUN	8 YER / GAI	9 ARO	10 UPA / DOL	11 WIL / RUN
12 YER / GAI	13 ARO	14 UPA / DOL	15 WIL / RUN	16 YER / GAI	17 ARO / KEL	18 UPA / DOL
19 *ABO* / RUN	20 YER / GAI	21 ARO / DOL	22 UPA	23 KEL / RUN	24 YER / GAI	25 ARO / KEL
26 UPA / DOL	27 WIL / RUN	28 YER / GAI	29 ARO	30 UPA / DOL	31 WIL / RUN	NOV 1 YER / GAI

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EXHIBIT DDD